McKinney Independent School District School Health Services

Diabetes - Supplies Outside of the Clinic

In an effort to encourage the safe and effective use of diabetes management supplies and medications by students, McKinney ISD Health Services has prepared this list of rules. Any student wishing to keep his/her diabetic management supplies/medications in his/her possession during school hours and activities must agree to follow these rules.

Parent	to initial one of the choices below:		
	y child will have supplies in the classroom, will NOT self-treat and will nee y child will have extra supplies in the classroom and will self-treat, per the		
	y child will self-carry supplies and self-treat per the IHP on file in the clinic y child will self-carry supplies but will NOT self-treat and will need assistar		
1.	A Diabetic Management & Treatment Plan signed by a physician and signed by a parent/guardian must be on file in the school clinic.	the McKinney Individual Health Plan	
2.	The parent MUST include the level the student may carry and self treat on the IHP. This MUST be discussed with the nurse.		
3.	The diabetic supplies and medications must be labeled with the student's first and last names.		
4.	The student must demonstrate for the school nurse the proper use of his/her diabetic supplies and medications.		
5.	The student will treat the CGM, and cell phone monitoring CGM, as a medical device.		
6.	NO MISD personnel will monitor the CGM via IPAD, or any other electronic device, if the parent elects for their child to carry supplies and self treat per the IHP on file in the clinic.		
7.	The student must exhibit responsible behaviors with his/her supplies and medications:		
	 around) c. DO NOT check blood glucose or use needles/sharps with someor d. Dispose of sharps in sharps container e. Clean area where blood glucose is checked of any blood or ask a 	ecuring the supplies/medications on his/her person or locked in classroom or locker.(don't leave lying round) O NOT check blood glucose or use needles/sharps with someone standing near you ispose of sharps in sharps container lean area where blood glucose is checked of any blood or ask a responsible adult for assistance eport any blood-borne pathogen exposures to school nurse or appropriate school administrator	
	Student's Signature	Date	
	Parent's Signature for Elementary Student	Date	
	Nurse's Signature	Date	